**K050629** ication P. 1 of 1

# 510(k) Summary

SEP 0 2 2005

[As required by 21 CFR 807.92(c)]

### 1. Submitter's Name / Contact Person

Manufacturer Contact Person

AngioScore, Inc.

965 Atlantic Avenue, Suite 101

Gary Gershony, MD, FACC
Chief Medical Officer

Alameda, CA 94501 Tel: 510-263-0480; Fax: 510-263-0481

2. General Information

Trade Name AngioSculpt® Scoring Balloon Catheter

Common / Usual Name Angioplasty catheter

Classification Name Catheter, angioplasty, peripheral, transluminal (LIT)

Predicate Devices Cordis Aviator® PTA Dilatation Catheter (K013581)

Cordis Savvy® PTA Dilatation Catheter (K971010)

### 3. Intended Use / Indications

The AngioSculpt Scoring Balloon Catheter is intended for balloon dilatation of lesions in infrapopliteal arteries. Not for use in the coronary or neuro-vasculature.

## 4. Device Description

The AngioSculpt Scoring Balloon Catheter is a standard two-lumen catheter with a scoring balloon near the distal tip. One lumen is used for inflation of the balloon with contrast medium; the other lumen permits the use of a guide wire to facilitate advancement of the catheter to and through the stenosis to be dilated.

The balloon has radiopaque markers to aid in positioning the balloon in the stenosis, and is designed to provide an expandable segment of known diameter and length at a specific pressure.

# 5. Substantial Equivalence Comparison

There is no difference between the AngioSculpt catheter intended use and that of predicate devices. The AngioSculpt catheter materials and sizes are similar to currently marketed balloon angioplasty catheters and guide wires. The AngioSculpt catheter configuration is similar to the predicate and other peripheral balloon angioplasty catheters. The main difference is the presence of the spiral scoring element on the AngioSculpt catheter. The scoring element functions similar to a "buddy-wire" to focus forces generated by balloon expansion to assist with dilation of resistant lesions. Performance testing demonstrated that the AngioSculpt catheter reliably achieves the desired affect and is safe for its intended use. No new questions of safety or effectiveness for peripheral balloon angioplasty devices were raised during the testing. The AngioSculpt Scoring Balloon Catheter is, therefore, substantially equivalent to currently marketed devices.

Document date: August 29, 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## SEP 0 2 2005

AngioScore, Inc. c/o Gary Gershony, M.D. Chief Medical Officer 965 Atlantic Ave. Suite 101 Alameda, CA 94501

Re: K050629

Trade Name: AngioSculpt™ Scoring Balloon Catheter

Regulation Number: 21 CFR 870.1250 Regulation Name: Percutaneous Catheter

Regulatory Class: Class II (two) Product Code: DQY and LIT Dated: August 10, 2005 Received: August 10, 2005

### Dear Dr. Gershony:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

# Page 2 - Gary Gershony, M.D.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-295. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Bram D. Zackerman, M.D.

Director

Division of Cardiovascular Devices

Office of Device Evaluation

Center for Devices and Radiological Health

**Enclosure** 

# INDICATIONS FOR USE STATEMENT

510(k) Number (if known): <u>K050629</u>
Device Name: AngioSculpt® Scoring Balloon Catheter
Indications for Use:
The AngioSculpt Scoring Balloon Catheter is intended for balloon dilatation of lesions in infrapopliteal arteries. Not for use in the coronary or neuro-vasculature.
Prescription Use X AND/OR Over-The-Counter Use (21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
(Division Sign-Off) Division of Cardiovascular Devices
(Division Sign-Off) Division of Cardiovascular Devices  510(k) Number

Document date: August 29, 2005